

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
69013541	1-26-98
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	1					
6	1					
7	1					
8	1					
9	1					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	14	↓	↓	↓	↓	↓
TOTAL CLAIMS	15					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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97					
98					
99					
100					
TOTAL IND.		↓	↓	↓	↓
TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS